Jeannette B. DeJesús
SPECIAL ADVISOR TO THE GOVERNOR
OFFICE OF HEALTH REFORM & INNOVATION
STATE OF CONNECTICUT

Health Technology Work Group Minutes
March 8, 2012

Members Present: Tim Deschenes-Desmond, Roderick Bremby, Victor Villagra, Peter Zelez, Cheryl Wamuo, Mark Raymond, Roberta Schmidt, Laurie Graham, Terrance Macy, John Vittner

Members Absent: Lori Reed-Fourquet, Vanessa Kapral, Lou Polzella, Mark Thomas, Tia Cintron

Welcome and Introductions

Victor Villagra completed his welcome and reviewed new business including developing a work plan; reviewing inventory of technology assets; identifying usable approaches, common data, and technology components across systems; identifying common business outcomes required or provided by current technologies; determining oversight, financial coordination, and enforcement policies; and meeting on a regular basis to achieve the vision of the future state of technology future presentation.

New Business: Work Group Objectives for 2012 & Development of a Work Plan

Mark Raymond reviewed agency initiatives in health information technology including: DSS eligibility expansion, HITE CT initiatives and demands for service in the health information exchange. He hoped to better align long term assets into a framework to identify usable components across systems. He believed reusable approaches of current technologies can save resources. By sharing data and resources the state technology systems can begin to overcome some nomenclature problems we have today. For example, a nomenclature problem is that DCF may define "family" differently than DSS and insurers who want to provide services to the same members. In order to accomplish this standardization, it is essential to identify common business outcomes and non-common business outcomes in future conversations. Mr. Raymond would like to discuss coordinating financial, enforcement, oversight, expenditure and other moving parts of simultaneous HIT projects. He supported an ongoing forum that would allow the work group to

get together frequently to measure our progress against a greater HIT vision. This forum should be used to determine if we are working together as a group and whether there are fractures.

Dr. Villagra and Mr. Raymond discussed group conduct in the proposed forum. Peter Zelez said this workgroup has done a great job so far, and asked whether there is one committee driving the coordination of HITE CT, the Exchange, and DSS. Resources were the identified driver to successful implementation and any coordinated health IT strategy. The work group does not want to overlap what good others are doing. Mr. Raymond said that there is no super group to organize this need for intense coordination. Various stakeholders asked different questions, including whether there should be differences in reimbursements, changes in Medicaid, or whether we need to coordinate cost containment.

Mr. Raymond went on to mention that current participation is driven by voluntary willingness to make improvements. Ms. Schmidt agreed that the need for coordinated and sufficient resources is essential. Dr. Villagra said commissioners have participated by "good will" and asks whether a formal process is needed to ensure this good will effort over the long term. Mr. Zelez suggests statutory requirements. Mark Raymond believed enforcement through policy and financial resources. In addition, providers delivering care everyday are also needed. Tim Deschenes-Desmond said that there is an overlap in case management approach in human services, but it is a unique business need in DDS versus DSS for case management. It would be great to have a forum to discuss ideas like "proof of concept" and develop core parts of a system that can be modified to be used by other agencies. There are seven technical additional standards, including modularity, and scalability that require additional funding.

Mark Raymond said that before this time, federal financial partners were not in a position to fund the sharing of this information. Instead, departments wanted controlled usage for a specific program outcome. Now, they are encouraging states to share resources and technologies to control cost.

Victor Villagra asked for an update on the inventory across all domains, not just human services and asked the group whether the approach should be more holistic. Dr. Villagra discussed the inventory of 30 case management systems across state departments. In his investigation, one HHS agency had a total of 300 applications for accounting and case management.

Mark Raymond said that the group needs to define common goals and common outcomes for health technology, to begin a conversation of the possible solutions. Common goals include improving quality of life for citizens of the state, cost and efficiency of delivering care, provision of services is needed to meet immediate need, the right time to provide a service.

Bobbi Schmidt asked if OHRI should provide recommended goals. Peter Zelez asked if the work group needed statutory authority and observed that there seem to be a vacuum in coordinating the effort. Victor Villagra said that he believes the creation of new entities which absorb resources may not be well-received, and asked if OHRI could take on this responsibility. Bobbi Schmidt said that resources are limited but the idea deserves conversation.

Laurie Graham asked the workgroup whether internal business operations or consumer oriented approach is a priority. She shared thoughts on how technology can transform the delivery service model. Mark Raymond agreed but believed that technology disrupts the market when it addresses a current need and that need and/or vision still needs to be defined in the state.

Jeannette DeJesus thanked the work group for their work in helping to realize technology initiatives across the state.

Public Comment

Maryanne O'Neill of Connecticut Community Providers said that her organization is looking at health technologies and developing their own systems.

Next Steps

- Help develop a work plan for a convening forum
- Investigate working with the cabinet to get authority and mandate to do this
- Determine the overarching domains of tasks, stakeholders, deliverables, timelines, and agencies
- Work on harmonization of single identifiers
- Pair agencies to discuss single identifier issue and other areas of HIT overlap
- Determine the definitions and how they can be changed